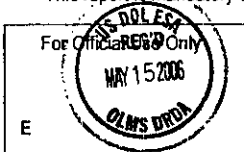


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6225	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name VINCENT CANGELOSI P.O. Box, Bldg., Room No., if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code + 4 11550-3602	4. Name, file number, and address of labor organization. Name HIGHWAY LOCAL MOTOR, TEAMSTERS LOCAL 707 Labor Organization File Number 033-570 P.O. Box, Building and Room Number, if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code + 4 11550-3602
5. Position in labor organization. SECRETARY/TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Vincent Cangelosi

On

05/10/2005

Date

516-560-8503

Telephone Number

Name of Person Filing VINCENT CANGELOSI	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Road Carriers Local 707 welfare fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Road Carriers Local 707 Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 301</p> <p>Street 14 Front Street</p> <p>City Hempstead</p> <p>State New York ZIP Code + 4 11550-3602</p>	<p>11.a. Nature of such dealing.</p> <p>Union is the Collective Bargaining Agent for the participants in the Welfare Fund. Vincent Cangelosi is a Trustee on the Welfare Fund.</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for attendance at one out of town Fund meeting and two out of town trustee meetings. Reimbursed expenses include registration fees, airfare, Hotel, rental car, parking, meals & Taxi.</p> <p>12.b. Amount. \$1,610</p>

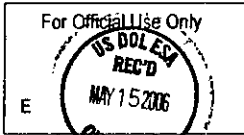
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

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1. File Number U - 6225	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name VINCENT CANGELOS I P.O. Box, Bldg., Room No., if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code + 4 11550-3602	4. Name, file number, and address of labor organization. Name HIGHWAY LOCAL MOTOR, TEAMSTERS LOCAL 707 Labor Organization File Number 033-570 P.O. Box, Building and Room Number, if any SUITE 300 Street 14 FRONT STREET City HEMPSTEAD State New York ZIP Code + 4 11550-3602
5. Position in labor organization. SECRETARY TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Vincent Cangelosi</u>	On <u>05/10/2005</u> Date	<u>516-560-8503</u> Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Road Carriers Local 707 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 14 Front Street

City Hempstead

State New York

ZIP Code + 4 11550-3602

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Road Carriers Local 707 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 301

Street 14 Front Street

City Hempstead

State New York

ZIP Code + 4 11550-3602

11.a. Nature of such dealing.

Union is the Collective Bargaining Agent for the participants in the Pension Fund. Vincent Cangelosi is a Trustee on the Pension Fund.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Reimbursement for attendance at one out of town Fund meeting and two out of town trustee meetings
Reimbursed expenses include registration fees, airfare, Hotel, rental car, parking, meals & Taxi.

12.b. Amount.

\$1,610

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.